

UNITED STATES DISTRICT COURT

for
NORTHERN DISTRICT OF CALIFORNIA
Oakland Venue

FILED

MAR 10 2008

RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

**Request for Modifying the Conditions or Term of Supervision
with Consent of the Offender**
(Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: Joe L. Scott, Jr.

Docket No.: CR 07-00700-01 **WDB**
MAG

Name of Sentencing Judge: Wayne D. Brazil
United States Magistrate Judge

Date of Original Sentence: January 8, 2008

Original Offense:

Count 1: Theft of Government Funds, 18 U.S.C. § 641, a Class A misdemeanor

Original Sentence: Two year probation

Special Conditions: special assessment \$25.00; restitution \$1000.00; community service 150 hours

Type of Supervision: Probation

Date Supervision Commenced: January 8, 2008

Assistant U.S. Attorney: Maureen Bessette

Defense Counsel: Joyce Leavitt (AFPD)

Petitioning the Court

To modify the conditions of supervision as follows:

The defendant shall participate in a mental health treatment program, as directed by the probation officer. The defendant is to pay part or all cost of this treatment, at an amount not to exceed the cost of treatment, as deemed appropriate by the probation officer. Payments shall never exceed the total cost of mental health counseling. The actual co-payment schedule shall be determined by the probation officer.

Cause

Mr. Scott was sentenced without a presentence report and he indicated that he needs counseling to deal with his stress resulting from his conviction. Furthermore, the offender is under a great deal of pressure because he is the sole provider for his children and he is having difficulty making ends meet. Additionally, he does not know how to cope with his personal and court ordered financial obligations. In order to maintain compliance with his probation, it is recommended that the mental

NDC-SUPV-FORM 12B(1) 03/23/05

cc: WDB's Stats Copy to parties via ECF,
Probation, Financial

Joe L Scott
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health condition be added. As such, he has agreed by signing the attached waiver to modify his conditions to include participation in a mental health program.


The Assistant U.S. Attorney, Maureen Bessette and Defense Counsel, Joyce Leavitt have been notified and there are no objections.

Address of offender: 1110 Adeline Street
Oakland, CA 94607

Respectfully submitted,

Reviewed by:



Myra Turner
U.S. Probation Officer


Daniel Zurita
Supervisory U.S. Probation Officer

Date Signed: February 29, 2008

THE COURT ORDERS:

- ☒ To modify the conditions of supervision as follows:
The defendant shall participate in a mental health treatment program, as directed by the probation officer. The defendant is to pay part or all cost of this treatment, at an amount not to exceed the cost of treatment, as deemed appropriate by the probation officer. Payments shall never exceed the total cost of mental health counseling. The actual co-payment schedule shall be determined by the probation officer.
- ☐ Submit a request for warrant
☐ Submit a request for summons
☐ Other:


Date 3/10/08

Wayne D. Brazil
United States Magistrate Judge

NDC-PROB 49 02/01/05

UNITED STATES DISTRICT COURT

for
NORTHERN DISTRICT OF CALIFORNIA

Defendant Name: Joe L. Scott

Docket No.: CR 07-00700-1 ~~MAG~~ WDB

Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term Of Supervision

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel", I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

The defendant shall participate in a mental health treatment program, as directed by the probation officer. The defendant is to pay part or all cost of this treatment, at an amount not to exceed the cost of treatment, as deemed appropriate by the probation officer. Payments shall never exceed the total cost of mental health counseling. The actual co-payment schedule shall be determined by the probation officer.

☐ continued on next page

I declare under penalty of perjury under the laws of the United States of America that the foregoing information is true and correct and that this declaration was executed on the date indicated at Oakland.

Signed: _____

Probationer or Supervised Releasee

Date: _____

2/19/08

Witness: _____

Myra Turner
U.S. Probation Officer

Date: _____

2-19-08